



Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-5671
Fax: (207) 287-3165; TTY: 1-800-606-0215

SUPPLIERS OF COMPRESSED AIR FOR BREATHING PURPOSES

APPLICATION FOR LICENSE

Please include a current copy of an air quality test from an approved testing company.

**License fee is \$10 annually and expires March 31st*

APPLICANT: _____
(Please print clearly)

COMPRESSOR LOCATION

NAME OF BUSINESS: _____

STREET/RFD: _____

CITY: _____

TELEPHONE: _____

APPLICANT'S MAILING ADDRESS

STREET/RFD: _____

CITY: _____

ZIP: _____

APPLICANT'S SIGNATURE: _____

**Make check or money order payable to: Treasurer State of Maine*

Rev. 09/2006